

BEST AVAILABLE COPY

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						09/582303			
						APPLICANT(S)			
						CLAIMS			
AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		* IND.	* DEP.	* IND.	* DEP.	
	IND.	DEP.	IND.	DEP.					
1	/	/			51				
2	/	/			52				
3	2	/			53				
4	1	/			54				
5	0	/			55				
6	0	/			56				
7	0	/			57				
8	0	/			58				
9	0	/			59				
10	0	/			60				
11	0	/			61				
12	0	/			62				
13	0	/			63				
14	0	/			64				
15	0	/			65				
16	0	/			66				
17	0	/			67				
18	0	/			68				
19	0	/			69				
20	0	/			70				
21	0	/			71				
22	0	/			72				
23	/	/			73				
24	/	/			74				
25	2	/			75				
26	0	/			76				
27	0	/			77				
28	0	/			78				
29	0	/			79				
30	0	/			80				
31	0	/			81				
32	0	/			82				
33	0	/			83				
34	0	/			84				
35	0	/			85				
36	0	/			86				
37	0	/			87				
38					88				
39					89				
40					90				
41					91				
42					92				
43					93				
44					94				
45					95				
46					96				
47					97				
48					98				
49					99				
50					100				
TOTAL IND.	1	/			TOTAL IND.				
TOTAL DEP.	38	←	36	↓	TOTAL DEP.	←	↓	↓	
TOTAL CLAIMS	39	←	37	↓	TOTAL CLAIMS	←	↓	↓	